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EXAMINER
MORGAN, ROBERT W

ART UNIT	PAPER NUMBER
3626	

DATE MAILED: 03/03/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)
Office Action Summary	09/681,345	KARRAS ET AL.
	Examiner	Art Unit	
	Robert W. Morgan	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on <u>20 September 2005</u>.

2a)☒ This action is **FINAL**.   2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-11,14-23,25-32,34-46,48 and 49* is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-11,14-23,25-32,34-46,48 and 49* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a)☐ All   b)☐ Some * c)☐ None of:

      1.☐ Certified copies of the priority documents have been received.

      2.☐ Certified copies of the priority documents have been received in Application No. _____.

      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1)☐ Notice of References Cited (PTO-892)

2)☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3)☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
    Paper No(s)/Mail Date _____.

4)☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____.

5)☐ Notice of Informal Patent Application (PTO-152)

6)☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1.   This communication is in response to the amendment filed 9/20/05. Claims 1, 9, 14, 15,

18, 19, 22, 25, 34, 35, 38, 41, 45 and 49 have been amended and claims 12, 13, 24, 33, 47 and

50-51 have canceled. Now claims 1-11, 14-23, 25-32, 34-46 and 48-49 are presented for

examination.

Claim Rejections - 35 USC § 103

2.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in
> section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are
> such that the subject matter as a whole would have been obvious at the time the invention was made to a person
> having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the
> manner in which the invention was made.

3.   Claims 1-11, 14-23, 25-32, 34-46 and 48-49 are rejected under 35 U.S.C. 103(a) as being

unpatentable over U.S. Patent No. 6,424,996 to Killcommons et al. in view of U. S. Patent

Application Publication 2002/0016718 to Rothschild.

As per claim 1, Killcommons et al. teaches a centralized medical information system,

said system comprising:

--the claimed portal capable of accessing said remote data center to retrieve said medical

content and said medical service is met by requested data be received by a user unit through a

user interface such as a web page, from a server (see: column 5, lines 32-35); and

--the claimed portal/data center connection allowing communication between said portal

and said remote data center is met by data being accessible through a network, e.g. the Internet,

an intranet, or an extranet (see: column 7, lines 52-55).

Killcommons et al. teaches a server (20, Fig. 2) with components such as a storage unit

(30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). In addition,

Killcommons et al. teaches that requested data is received by a user unit through a user interface

such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al.

teaches that an operator may select from various instances of treatment (medical services) or

separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column

9, lines 37-39).

Killcommons et al. fails to teach remote data center.

Rothschild et al. teaches a medical image management system that includes a central data

management system (30 Fig. 4), which is located remotely from the medical image system and

the remote image viewing system (40, Fig. 4) (see: paragraph 155).

One of ordinary skill in the art at the time the invention was made would have found it

obvious to include medical image management system as taught by Rothschild et al. within the

medical network system and method for transfer of information as taught by Killcommons et al.

with the motivation of providing immediate and convenient electronic delivery of medical

images (see: Rothschild et al.: paragraph 4).

As per claim 2, Killcommons et al. teaches the claimed portal is accessible via a web

browser. This limitation is met by the user unit (50, Fig. 3) that makes use of browser (52, Fig.

3), i.e. Web browser software for communicating with the server (20, Fig. 2) (see: column 11,

lines 18-19).

As per claim 3, Killcommons et al. teaches the claimed portal comprises a web site. This feature is met by the user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64).

As per claim 4, Rothschild et al. teaches the claimed remote data center comprises a web server. The limitation is met by the advance servers such as Exodus (see: paragraph 157).

As per claim 5, Rothschild et al. teaches the claimed remote data center is cached and stored at a plurality of locations. This limitation is met when data is received at the central data management system (30, Fig. 3) and is kept on a hard disk and backed up to the primary and secondary archives such as products like Storagetek's Virtual Storage Manager (VSM) (see: Rothschild et al.: paragraph 161).

As per claim 6, Rothschild et al. teaches the claimed remote data center comprises an application service provider. The limitation is met by the ASP (32, Fig. 1) service on the central data management system (30, Fig. 3) (see: paragraph 204).

As per claim 7, Killcommons et al. and Rothschild et al. teach the claimed portal allows said medical content and said medical services to be stored at said remote data center. This limitation is met by the server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: Killcommons et al.: column 7, lines 56-65). In addition, Killcommons et al. and Rothschild et al. teach that when data is received at the central data management system (30, Fig. 3) it is kept on hard disk and backed up to the primary and secondary archives such as products like Storagetek's Virtual Storage Manager (VSM) (see: Rothschild et al.: paragraph 161). In addition, Killcommons et al. and Rothschild et al. teach that an operator may select from various instances of treatment (medical services) or separate types

of data, e.g. laboratory results, radiology with reports of pathologies (see: Killcommons et al.: column 9, lines 37-39).

As per claim 8, Killcommons et al. teaches the claimed web browser capable of accessing said portal. This limitation is met by the user unit (50, Fig. 3) that makes use of browser (52, Fig. 3), i.e. Web browser software for communicating with the server (20, Fig. 2) (see: column 11, lines 18-19). In addition, Killcommons et al. teaches a user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64).

As per claim 9, Killcommons et al. teaches the claimed external access connection for storing said medical content and said medical services at said remote data center. This feature is met by data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55). In addition, Killcommons et al. teaches a server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). Furthermore, Killcommons et al. teaches that an operator may select from various instances of treatment (medical services) or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

As per claim 10, Rothschild et al. teaches the claimed an authentication unit for authorizing access to said remote data center. This limitation is met by a login and password for each user using a PC (see: paragraph 108).

As per claim 11, Rothschild et al. teaches the claimed an authentication unit for authorizing access to said portal. This limitation is met by a log and password for each user using a PC (see: paragraph 108).

As per claim 14, Killcommons et al. teaches a method for accessing medical content, said method comprising:

--the claimed accessing a portal is met by the user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64);

--the claimed requesting said medical content via said portal is met by requested data being received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35);

--the claimed requesting medical services via said portal is met by requested data being received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al. teaches an operator may selecting from various treatment or separate types of data, e.g. laboratory results, radiology with reports or pathologies (see: column 9, lines 35-41);

--the claimed activating said medical service via said portal is met an operator may selecting from various treatment or separate types of data, e.g. laboratory results, radiology with reports or pathologies (see: column 9, lines 35-41).

Killcommons et al. teaches that data is accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55).

Killcommons et al. fails teaches the claimed remote data center.

Rothschild et al. teaches a medical image management system that includes a central data management system (30 Fig. 4), which is located remotely from the medical image system and the remote image viewing system (40, Fig. 4) (see: paragraph 155).

The obviousness of combining the teaching of Rothschild et al. within the system as

taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claim 15, Killcommons et al. teaches the claimed step of displaying at least one of

said medical content and said medical services via said portal. This limitation is met by requested

data being received by a user unit through a user interface such as a web page, from a server

(see: column 5, lines 32-35). In addition, Killcommons et al. teaches that operator may select

from various instances of treatment or separate types of data, e.g. laboratory results, radiology

with reports of pathologies (see: column 9, lines 37-39).

As per claims 16-17 and 20-23, they are rejected for same reason set forth in claims 6, 3,

5, 2, 11 and 10, respectively.

As per claim 18, Killcommons et al. teaches the claimed portal comprises at least one

link to said medical content and said medical services. This feature is met by the web pages that

may be presented to the operator as a list of patient studies to select from such as laboratory

results, radiology with reports or pathologies (see: column 9, lines 35-41).

As per claim 19, Killcommons et al. teaches the claimed step of requesting said medical

content via said portal and requesting said medical services via said portal comprises selecting

one of said at least one link at said portal. This limitation is met by the web pages that may be

presented to an operator as a list of patient studies such as laboratory results, radiology with

reports or pathologies (see: column 9, lines 35-41). In addition, Killcommons et al. teaches that

operator may select from various instances of treatment or separate types of data, e.g. laboratory

results, radiology with reports of pathologies (see: column 9, lines 37-39).

As per claim 25, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). In addition, Killcommons et al. teaches user interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64). In addition, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

Killcommons et al. fails to teach a remote data center storing said medical content.

Rothschild et al. teach that when data is received at the central data management system (30, Fig. 3) it is kept on hard disk and backed up to the primary and secondary archives such as products like Storagetek's Virtual Storage Manager (VSM) (see: paragraph 161).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claims 26 and 28-32, they are rejected for same reasons set forth in claims 8, 4-6, 11 and 10, respectively.

As per claim 27, Killcommons et al. teaches the claimed portal/data center connection allowing communication between said web site and said remote data center. This feature is met by data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55).

As per claim 34, Killcommons et al. teaches data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55). In addition, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

Killcommons et al. fails to teach storing said medical content at said remote data center.

Rothschild et al. teach that when data is received at the central data management system (30, Fig. 3) it is kept on hard disk and backed up to the primary and secondary archives such as products like Storagetek's Virtual Storage Manager (VSM) (see: paragraph 161).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claim 35-37 and 39-44, they are rejected for the same reasons set forth in claims 10, 6, 5, 15-19, and 21-22, respectively.

As per claim 38, Killcommons et al. teaches data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55). In addition, Killcommons et al. teaches that requested data is received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35). Furthermore, Killcommons et al. teaches that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: column 9, lines 37-39).

Killcommons et al. fails to teach a remote data center.

Rothschild et al. teaches a medical image management system that includes a central data management system (30 Fig. 4), which is located remotely from the medical image system and the remote image viewing system (40, Fig. 4) (see: paragraph 155).

The obviousness of combining the teaching of Rothschild et al. within the system as taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claim 45, Killcommons et al. and Rothschild et al. teach the claimed retrieving step further comprises authenticating said retrieving said medical content and said medical

services from said remote data center. This limitation is met by a login and password for each user using a PC (see: Rothschild et al.: paragraph 108). In addition, Killcommons et al. and Rothschild et al. teach requested data be received by a user unit through a user interface such as a web page, from a server (see: Killcommons et al.: column 5, lines 32-35). Furthermore, Killcommons et al. and Rothschild et al. teach that operator may select from various instances of treatment or separate types of data, e.g. laboratory results, radiology with reports of pathologies (see: Killcommons et al.: column 9, lines 37-39).

As per claim 46, Rothschild et al. teaches the claimed step of updating a portal capable of accessing said medical content at said data center to reflect said storing of said medical content at said data center. This limitation is met by the updating of IP address information and requested queued data stored in the central data management system (see: paragraph 89).

As per 48, Killcommons et al. teaches a centralized medical information system, said system comprising:

--the claimed portal capable of accessing said remote data center to retrieve said medical content is met by requested data be received by a user unit through a user interface such as a web page, from a server (see: column 5, lines 32-35); and

--the claimed portal/data center connection allowing communication between said portal and said remote data center is met by data being accessible through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55).

Killcommons et al. teaches a server (20, Fig. 2) with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column 7, lines 56-65). In addition,

Killcommons et al. teaches that requested data is received by a user unit through a user interface

such as a web page, from a server (see: column 5, lines 32-35).

Killcommons et al. fails to teach remote data center.

Rothschild et al. teaches a medical image management system that includes a central data

management system (30 Fig. 4), which is located remotely from the medical image system and

the remote image viewing system (40, Fig. 4) (see: paragraph 155).

The obviousness of combining the teaching of Rothschild et al. within the system as

taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

As per claim 49, Killcommons et al. teaches a web based centralized medical information

system, said system comprising:

--the claimed web site capable of accessing said web server to retrieve said medical

content and said medical services is met by the user unit (50, Fig. 3) that makes use of browser

(52, Fig. 3), i.e. Web browser software for communicating with the server (20, Fig. 2) (see:

column 11, lines 18-19). In addition, Killcommons et al. teaches a user interface (e.g. a web

page) for viewing the medical data (see: column 3, lines 61-64). Furthermore, Killcommons et al.

teaches that operator may select from various instances of treatment or separate types of data,

e.g. laboratory results, radiology with reports of pathologies (see: Killcommons et al.: column 9,

lines 37-39).

Killcommons et al. fails to teach remote data center for storing and having a web server,

said web server remotely accessible by a web site.

Rothschild et al. teaches a medical image management system that includes a central data

management system (30 Fig. 4), which is located remotely from the medical image system and

the remote image viewing system (40, Fig. 4) (see: paragraph 155). In addition, Rothschild et al.

teaches advance servers such as Exodus (see: paragraph 157).

The obviousness of combining the teaching of Rothschild et al. within the system as

taught by Killcommons et al. are discussed in the rejection of claim 1, and incorporated herein.

Response to Arguments

4.   Applicant's arguments filed 8/12/04 have been fully considered but they are not

persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they

appear in the response filed 8/12/04.

(A) In the remarks, Applicants argue in substance that (1) Killcommons does not teach

the communication of other medical context, such as medical information, including radiology

information, patient information, healthcare practitioner information, library information, and/or

administrative information; (2) Killcommons does not teach the communication of medical

service, such as time management tools (calendar, planner, etc...), educational services (on-line

course, educational material, etc...), scheduling service (operating room schedulers, equipment

schedulers, etc...), administrative services, healthcare practitioner search services, patient status

services, and/or healthcare practitioner communication services; (3) Rothschild does not teach a

portal providing a single access point for access to medical content and medical service; (4)

Neither Killcommons and Rothschild teach or suggest storing, retrieving, requesting, accessing

and/or activating medical content and medical service via a portal; and (5) Neither Killcommons

nor Rothschild recite the use of an authentication unit for authorizing access to the portal or

remote data center and paragraph 108 of the Rothschild is new matter that was not disclosed

prior to the filing of the present application, and thus does not constitute prior art.

(B) In response to the Applicant's arguments, (1) Killcommons does not teach the

communication of other medical context, such as medical information, including radiology

information, patient information, healthcare practitioner information, library information, and/or

administrative information; and (2) Killcommons does not teach the communication of medical

service, such as time management tools (calendar, planner, etc...), educational services (on-line

course, educational material, etc...), scheduling service (operating room schedulers, equipment

schedulers, etc...), administrative services, healthcare practitioner search services, patient status

services, and/or healthcare practitioner communication services. The Examiner respectfully

submits that Killcommons teaches that an operator may select from various instances of

treatment (medical service) or separate types of data (medical context), e.g. laboratory results,

radiology with reports of pathologies (see: Killcommons et al.: column 9, lines 37-39).

Furthermore, it is noted that the features upon which Applicant relies (i.e., "...medical context,

such as medical information, including radiology information, patient information, healthcare

practitioner information, library information, and/or administrative information" and "medical

service, such as time management tools (calendar, planner, etc...), educational services (on-line

course, educational material, etc...), scheduling service (operating room schedulers, equipment

schedulers, etc...), administrative services, healthcare practitioner search services, patient status

services, and/or healthcare practitioner communication services") are not recited in the rejected

claim(s). Although the claims are interpreted in light of the specification, limitations from the

specification are not read into the claims. See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d 1057

(Fed. Cir. 1993).

(C) In response to the Applicant's arguments, (3) Rothschild does not teach a portal

providing a single access point for access to medical content and medical service. The Examiner

respectfully submits that the Killcommons reference, and not Rothschild, *per se*, that was relied

upon for the specific teaching data is accessible through a network (single access point), e.g. the

Internet, an intranet, or an extranet (see: column 7, lines 52-55). Rothschild was relied on for

primarily teaching a medical image management system that includes a central data management

system (30 Fig. 4), which is located remotely from the medical image system and the remote

image viewing system (40, Fig. 4) (see: paragraph 155). Thus, the proper combination of the

applied references would be the incorporation of Rothschild's medical image system within the

network access of data taught by Killcommons et al.

      (D) In response to the Applicant's arguments, (4) Neither Killcommons and Rothschild

teach or suggest storing, retrieving, requesting, accessing and/or activating medical content and

medical service via a portal. The Examiner respectfully submits that Killcommons teaches a user

interface (e.g. a web page) for viewing the medical data (see: column 3, lines 61-64) and

requested data is received by a user unit through a user interface such as a web page, from a

server (see: column 5, lines 32-35). Additionally, Killcommons et al. teaches a server (20, Fig. 2)

with components such as a storage unit (30, Fig. 3) for retaining (i.e. storing) data (see: column

7, lines 56-65). Furthermore, Killcommons et al. teaches an operator may select from various

treatment or separate types of data, e.g. laboratory results, radiology with reports or pathologies

(see: column 9, lines 35-41). Moreover, Killcommons et al. teaches that data is accessible

through a network, e.g. the Internet, an intranet, or an extranet (see: column 7, lines 52-55).

Rothschild teaches a medical image management system that includes a central data management

system (30 Fig. 4), which is located remotely from the medical image system and the remote

image viewing system (40, Fig. 4) (see: paragraph 155). This clearly shows that the combination

of Killcommons and Rothschild disclose the Applicant's invention.

(E) In response to the Applicant's arguments, (5) Neither Killcommons nor Rothschild

recite the use of an authentication unit for authorizing access to the portal or remote data center

and paragraph 108 of the Rothschild is new matter that was not disclosed prior to the filing of the

present application, and thus does not constitute prior art. The Examiner respectfully submits that

US Patent Application Publication 2002/0016718 to Rothschild filed 6/1/01 is a continuation-in-

part of US Patent Application Publication 2002/0019751 to Rothschild filed 1/25/01. With

regards to Publication (19751) filed 1/25/01, disclosing "an authentication unit for authorizing

access" the Applicant is directed to paragraphs 128 and 140, where Rothschild teaches that a user

has to login and initiate downloads, and if the physician wishes to see his patient's image he

must also login. Rothschild further teaches that methods, which rely upon the physician to

actively login, are acceptable for images to be delivered (see: paragraph 140). This clearly

indicates that a method using an authentication unit is disclosed in Publication (19751) filed

1/25/01, in order for physician to access data.

Conclusion

Applicant's amendment necessitated the new ground(s) of rejection presented in this

Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a).

Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE

MONTHS from the mailing date of this action. In the event a first reply is filed within TWO

MONTHS of the mailing date of this final action and the advisory action is not mailed until after

the end of the THREE-MONTH shortened statutory period, then the shortened statutory period

will expire on the date the advisory action is mailed, and any extension fee pursuant to 37

CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event,

however, will the statutory period for reply expire later than SIX MONTHS from the date of this

final action.

Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Robert W. Morgan whose telephone number is (571) 272-6773.

The examiner can normally be reached on 8:30 a.m. - 5:00 p.m. Mon - Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Joseph Thomas can be reached on (571) 272-6776. The fax phone number for the

organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent

Application Information Retrieval (PAIR) system. Status information for published applications

may be obtained from either Private PAIR or Public PAIR. Status information for unpublished

applications is available through Private PAIR only. For more information about the PAIR

system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR

system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Ruv
rwm

JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER